

## PART B - FEE(S) TRANSMITTAL

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51640 7590 08/13/2007  
**SPINE MP**  
 LERNER, DAVID, et al.  
 600 SOUTH AVENUE WEST  
 WESTFIELD, NJ 07090



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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/771,598	02/04/2004	James D. Ralph	SPINE 3,0-134 CIP CONT	1128

TITLE OF INVENTION: ARTIFICIAL INTERVERTEBRAL DISC HAVING A WAVE WASHER FORCE RESTORING ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$300 <input checked="" type="checkbox"/> 1440	\$300	\$0	\$1400 <input checked="" type="checkbox"/> 1440	11/15/2007
EXAMINER	ART UNIT	CLASS SUBCLASS		11/13/2007 MGEBREM2 00000137 121095	10771598	
PRIDY, MICHAEL B	3733	621-017130	01 FC:1501 02 EC:1504	1440.00 DA 300.00 DA		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163) 2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 3. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	42.00 DA 1. <u>LERNER, DAVID, LITTBENBERG,</u> 2 <u>KRUMHOLZ &amp; MENTLIK, LLP</u> 3 _____				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SpineCore, Inc.

Summit, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 14

4b. Payment of Fee(s): (Please first recopy any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1095 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date November 12, 2007

Typed or printed name Arnold H. Krumholz

Registration No. 25,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/97 (08-00)

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## FACSIMILE TRANSMISSION

ISSUE FEE TRANSMITTAL AND  
PUBLICATION FEE

ATTORNEY DOCKET NO.: SPINE 3.0-434 CIP CONT

APPLICATION NO.: 10/771,598

CONFIRMATION NO.: 1128

MAILING DATE OF NOTICE OF ALLOWANCE: August 15, 2007

FAX NUMBER: (571) 273-2885

PAGES INCLUDING COVER SHEET: 2

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## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the  
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on November 12, 2007  
Date

  
Signature

Arnold H. Krumholz; Reg. No. 25,428  
Typed or printed name of person signing Certificate

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